Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
FC	R	NUMBE	RFILED	NUMBER	EXTRA	RATE	FEE	1	RATE	FEE
ВА	SIC FEE						345.00	OR		690.00
то	TAL CLAIMS	.4	minus 20	0= *	23	X\$ 9=		OR	X\$18=	:414
IND	EPENDENT CL	AIMS	minus 3	S =  *		X39=		OR	X78=	70
MULTIPLE DEPENDENT CLAIM PRESENT					+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL		OR	TOTAL	1182
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)					OTHER THA SMALL ENTITY OR SMALL ENTI					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	· 42	Minus	<u> 43</u>	=	X\$ 9=		OR	X\$18=	
AME	Independent	* +	Minus	*** \(\frac{1}{2}\) ENDENT CLAIM	=	X39=		OR	X78=	
┢	FINST PRESE	NIATION OF MI	ULTIPLE DEP	ENDENT CLAIM		+130=		OR	+260=	
		· .		•		TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)			_		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<b>AMENDMENT</b>	Total	. 43	Minus	** 43	=	X\$ 9=		OR	X\$18=	
AME	Independent	* 4	Minus	ENDENT CLAIM	<u> </u> =	X39=		OR	X78=	
	, FINOT PRESE	INTATION OF M	OLTIFLE DEF	ENDENT CLAIM		+130=		OR	+260=	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)	٠				
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***	<u></u>	X39=	<u> </u>	OR	X78=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDENT CLAIM						
	If the entry in colu	mn 1 is less than t	he entry in colur	nn 2, write "0" in co	olumn 3	+130=		OR	+260=	
**	If the "Highest Nur "If the "Highest Nu	mber Previously P mber Previously P	aid For" IN THIS aid For" IN THIS	S SPACE is less that S SPACE is less that Independent) is the	an 20, enter "20." an 3, enter "3."	TOTAL ADDIT. FEE	propriate bo		TOTAL ADDIT. FEE lumn 1.	

## This Form is for INTERNAL PTO USE ONLY. It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	9/ 49/ 370	
•	1	٠

FORM OIPE-RAM-01 (Rev. 12/97)

## Total Fee Calculation

•	Fee Code	Total # Claims	Number Extra	X	Fcc	Fee	_	Total
	Sa.Ag				Sm. Entity	Le. Entiry		1 0(3)
enic Filing Fee	2011101 -					640	-	690
Total Claims >20	203/103	<u>-43</u> .20 -	23	X	<del></del>	411	•	414
Independent Claums (-)	201102	1 .1 -		N		78	-	12
Multi-Dep Claim Present	264-164	``					•	
Surcharge	203/103					130	-	130
English Translation	110							
TOTAL FEE CALCULA	TION						-	1312
Fees due upon filing t	te application							
Total Filing Fees Due	= S	1312	(11)			٠,		<b>م</b>
Less Filing Fees Subm	ined - \$	·		-				:-
BALANCE DUE	= S	13	12.0			•		
Office of Initial Patent I	Art. Examination							
FORM OIPERAMOLOR	13/03)	Liga	ire 7					**